

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/583219

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
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14						
15						
16						
17						
18					1	
19						1
20						1
21						1
22						1
23						1
24						1
25						1
26						1
27						1
28						1
29						1
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49						
50						
TOTAL IND.	1	↓	1	↓	2	↓
TOTAL DEP.	15	←		←	18	←
TOTAL CLAIMS	16		1		20	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						